Informed consent: an evaluation of patients' understanding and opinion (with respect to the operation of transurethral resection of prostate)

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Summary
The ability of patients to understand and recall information given prior to obtaining written consent was assessed in 56 patients who were due to undergo the operation of transurethral resection of prostate. The patients were also asked their opinion on informed consent. Most patients knew the position of the prostate and the purpose of the operation. Some aspects of the postoperative management and complications were less well remembered. In particular, 18% of the patients could not remember the possibility of retrograde ejaculation despite efforts to emphasize this. Of the patients who returned their questionnaires, 41% did not mind what happened to them provided they were made better; 54% trusted their doctor to do the right thing and did not think detailed explanation was important; 62% felt that consent forms are to protect the doctors' right; still most patients felt that consent forms were necessary. Sub-groups comparison showed no relationship between patients' attitude and their ability to recall information.

Introduction
There has been much written on informed consent and it has been stressed that it is the responsibility of the doctor to communicate matters clearly to the patients. The Medical Protection Society handbook states:

> There is more to consent that getting a patient's signature on a consent form. In seeking consent the doctor is required to provide sufficient details and information about what is proposed to enable the patient to form a proper decision. Misinformed consent or consent given without proper understanding of what is involved is of little legal value.

However, this implies that the patients are able to understand, retain and recall the information given to them prior to signing the consent form and they wish to be 'fully informed'. We carried out a study to test this hypothesis on a group of patients who were due to undergo the operation of transurethral resection of prostate (TURP).

Method
During a period of 2 months, patients due to undergo the operation of TURP were entered into the study. There were two main groups of patients, those admitted through the waiting list (elective) and those admitted as emergencies with acute urinary retentions. The elective patients had been counselled in the clinic before being added onto the waiting list. On admission, they were given written information, seen by the nursing staff and the house surgeon. Consent was obtained after a full explanation. During the period of study, a standardized method of explanation was agreed and each house surgeon had a check list to ensure uniformity. Another member of the team would then interview the patient at least 6 hours after the consent was obtained but prior to surgery. The patients were asked to describe what they understood about the operation. Open ended questions were used. If this failed to elicit an answer, a structured question was used. Their responses were graded according to whether the answers were spontaneously volunteered, remembered after some prompting or not remembered at all. Patients were excluded if their abbreviated mental test score\(^5\) was less than 8/10 or there was insufficient time to assess their understanding.

![Figure 1. Results of assessment of patients' understanding of information given prior to the operation](image-url)
The patients were asked to fill in a questionnaire about their views on consent forms before they left hospital.

**Results**

Fifty-five patients were entered into the study. Their average age at operation was 72.9 years (range 54.8 to 89.1; median = 72.5). There were 34 elective admissions, seven emergency admissions and 14 who were readmitted following insertion of catheters for urinary retentions. Nine patients did not return their questionnaires, thus leaving 46 questionnaires for analysis.

Figure 1 summarizes the results of assessments of patients' understanding.

The results of patients' questionnaires were as follows:

1. Which of the following most accurately describes your attitude to your operation?:
   - (a) I want to know everything about the operation = 27
   - (b) I don't really want to know anything about the operation = 0
   - (c) I don't mind what happens provided you get me better = 19

2. Do you think the amount of information given was:
   - (a) Just right = 43
   - (b) Too little = 2
   - (c) Too much = 1

3. Did you understand the consent information?
   - (a) All of it = 21
   - (b) Most of it = 19
   - (c) A little of it = 5
   - (d) None of it = 1

4. Do you think consent explanation is:
   - (a) Important, they help me to understand and = 21 decide
   - (b) Unimportant, I trust the doctor and would = 25 do what he/she says anyway

5. In your opinion, what are consent forms for?
   - (a) To protect patients' rights = 9
   - (b) To protect doctors' rights = 13
   - (c) Explanation of treatment = 8
   - (d) Hospital red tape = 0

   \[a+b=10\]
   \[a+b+c=5\]
   \[a+b+c+d=5\]

   (One patient did not answer this question, thus the total is 45.)

   Therefore: (a) = 24 (53%); (b) = 28 (62%); (c) = 13 (29%); (d) = 0 (0%)

6. Which best describes your opinion to consent forms?
   - (a) They are necessary = 43
   - (b) They are unnecessary = 1
   - (c) They don't matter = 0
   - (d) Don't know = 2

7. Have you spoken to anyone who has had the operation?
   - (a) Yes = 12
   - (b) No = 34

**Discussion**

In a previous study on postoperative patients, 27% did not know which organ had been operated on while 44% were unaware of the exact nature of the surgical procedure. In comparison, over 90% of our patients knew the position of the prostate gland, the purpose of the operation and were able to give a good description of the operation. It was interesting that the recall of potential benefits was better than potential problems. The recall of some aspects of postoperative management (eg intravenous infusion, catheter) was better than others (eg blood transfusion, irrigation). This might have been related to the way information was presented despite our attempt to emphasize all points similarly. It should also be remembered that the patients were presented with a large amount of new information and therefore it could be expected that they would retain certain information better than others. Another group of investigators also found that patients had forgotten both benefits and risks, but they had forgotten more about risks than benefits. We had made a particular point about stressing the risk of retrograde ejaculation. The elective patients had been told about this in the clinic and this was clearly documented in the clinic letter. This was again mentioned in the written information given to patients on admission and by the house surgeon when obtaining consent. Still it is disappointing to find that 18% could not remember at all and 75% needed prompting before they could remember. This has important medicolegal implications as it is the subject of lawsuits after TURPs. It would have been useful to have asked our patients whether they were still sexually active to ascertain if this was because it was irrelevant to them.

The results of our questionnaires showed that 41% of patients did not mind what happened to them provided they were made better. Fifty four per cent of them trusted that their doctor would do the right thing and did not think that detailed explanation was important. A large number of patients thought that consent forms were for the protection of the doctors' right (62%) and/or patients' right (53%). None of them thought that this was due to hospital red tape. Still most patients felt that consent forms were necessary. These findings are similar to those found in another study. Comparison between subgroups suggested that the elective patients remembered more. The patients who said they remembered all of the information did remember more. There was no relationship between patients' attitude to consent explanations (Questions 1 and 4) and their recall of information.

In conclusion, there were selective retention and recall of information in favour of potential benefits. The patients' attitude to consent was variable but this did not seem to affect recall. It would be interesting and instructive to study the attitude of patients from a different age group having a different operation. The addition of an audio-visual aid may help the patients to retain information.

**References**


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